

The Lack of Parent Training and Advocacy Centers in Rural America

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October 10, 2017

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Abstract

The purpose of this applied research project was to investigate the problem of the lack of parent training and advocacy centers in rural areas, which currently affects many parents of children with disabilities and educational agencies across the United States. This research paper will enhance the readers understanding of why the problem exists, explain how it impacts parent of children with disabilities and educational agencies, and provide plausible solutions to address the problem. The research paper will start with a brief discussion of the nature of the problem and the stakeholders involved. The project will then move the investigation forward with a meta-analysis. This analysis will include a brief review of the literature, discussion of the findings and conclusions, an explanation of the ethical implications of the research, and plausible solutions to overcome the problem. Finally, the research project will end with a summary.

*Keywords:* special education, advocacy, parent training

### The Lack of Parent Training and Advocacy Centers in Rural America

In the public-school system, there are currently more than 6 million children receiving special education services under federal mandates nationwide, including the Individuals with Disabilities Education Act (IDEA) (Czapanskiy, 2014; Hayes, 2016). These special needs children require a highly individualized educational program (IEP), unique to their needs, to access and progress in the general education curriculum. The parents and/or guardians of these special needs children are expected to be actively involved in the development of their child's IEP. This includes not only providing input for the programs and services contained within it, but monitoring the plan once it is in place. However, without the necessary skills and information, many parents of special needs children are unable to successfully advocate for their child's educational needs and help develop an appropriate program (Czapanskiy, 2014; Hayes, 2016). This lack of knowledge and skills can lead to misunderstandings and miscommunication between parents and school staff, which may impede the child's educational opportunities and prevent them from receiving a free appropriate public education (FAPE). Therefore, providing advocacy training, services, and resources to parents of children with special needs is a critical part of the special education process (Whitbread, Fleming, Bruder, & Hay, 2007; Hayes, 2016).

### **Statement of the Problem**

Families and educators of a disabled child often need information and resources regarding the child's disability, preschool and school-age special education services, clinical therapies, and local and federal policies. This information is typically provided by a publicly funded parent training and advocacy center, such as a Parent Training and Information Center (PTIC), or a Community Parent Resource Center (CPRC). Currently, across many states nationwide, there are a limited amount of training and advocacy centers in rural areas that offer

parents and guardians of special needs children this kind of information. Thus, many special needs children nationwide continue to go without an appropriate education because their parents live in a rural location where there aren't any publicly funded training and advocacy centers to provide them with the information and skills necessary to successfully advocate for their child's educational needs (Whitbread, Fleming, Bruder, & Hay, 2007).

According to the Exceptional Parent ("PTICs & CPRCs," 2015), there is currently only one PTIC or CPRC available for parents and caregivers in the following 30 states; Alabama, Arizona, Connecticut, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Dakota, Oklahoma, Rhode Island, South Dakota, Tennessee, Utah, Vermont, West Virginia, and Wyoming. In addition, all the available training and information centers, including those in states not listed above with multiple agencies, are in a major city or metropolitan area in each state. Thus, although these agencies allegedly offer services throughout the entire state, the hands-on services typically offered by a 'brick and mortar' center would be limited to only those living closer to the city in which the agency is located, leaving many parents and professionals in rural areas without the necessary resources and services typically offered by the agency.

Some of the resources offered by a publicly funded parent training and advocacy center would include in-person training classes for parents and educators, special education team meeting attendance by one of their special education advocates, and a library with books, legal resources, knowledgeable professionals, and research materials. In many cases, parents and educational professionals located in rural areas find that only online or phone support is available to them due to their location. Thus, the lack of publicly funded parent training and advocacy

centers in rural areas nationwide has left many parents and educational professionals without the necessary resources to develop the knowledge and skills necessary to successfully advocate for the disabled child's educational program.

For example, in December of 2014, the New York State Education Department investigated the Dryden Central School District, located in a rural town in upstate New York; Dryden, NY. Their findings revealed that during the 2014-2015 school year, 27 students in the Dryden Central School District were referred to the District's Committee on Special Education (CSE) for a comprehensive evaluation in all areas of suspected disability, but not a single child received an evaluation that was comprehensive or in compliance with the federal mandates (Tailleur, 2014; Hayes, 2016). Further, the parents and/or guardians of those children were not aware that their child did not receive a comprehensive evaluation because they were never provided with any information or training regarding the special education process, including their child's right to receive a comprehensive evaluation in all areas of suspected disability, even if those areas are not directly linked to the category of their disability (IDEA, 2004).

However, had these parents obtained advocacy training, or external advocacy services from a parent training and advocacy center, they would have been aware of their right to challenge the district's decision to not evaluate the child in all areas, such as their right to request an Independent Educational Evaluation (IEE) at public expense, or to file a formal request for a due process hearing against the district. Instead, those children were denied needed services and supports for an entire school year because the district did not conduct a comprehensive evaluation that would have provided the parents of those children with the information necessary to advocate for an appropriate and individualized program for each child (Hayes, 2016).

In addition, the District staff was unaware they were in noncompliance of the federal mandates because they too lacked the appropriate education and training with respect to comprehensive evaluation requirements. The corrective action for this systemic violation included mandated training through the state department of education. Thus, the entire process cost the district additional time and money because they had to undergo additional training, reevaluate the 27 students, and pay attorney's fees to represent their interests during the complaint process. This entire cost could have been mitigated if there was a parent training and advocacy center located nearby, or if the district offered training to parents and professionals.

Currently in New York, the only agencies or centers that offer in-person or in-home training and direct advocacy services to parents of special needs children and educational professionals are agencies in five major cities; Rochester, New York City, Brooklyn, Buffalo, and Long Island. Of these centers, only one of them provides support and services to residents in the rural town of Dryden, NY; Starbridge Inc. However, the services offered by Starbridge to Dryden residents are limited to only online and phone/email support due to its distant location; a three-hour drive from the advocacy center ("PTICs & CPRCs," 2015). Thus, the lack of 'brick and mortar' parent training and advocacy centers in rural areas has caused detrimental consequences that have impacted not only many special needs children living in this rural area, but the public educational agency that was designated with the power and authority to educate them.

### **Intended Audience**

The intended audience for this applied research project includes various stakeholders. Parents and guardians of special needs children would find this report to be applicable, as would many local public educational agencies throughout the United States. Several state departments

of education may find valuable information in this report, as would local community disability agencies. Others who may be interested in this information include college students studying special education or a related field, public school staff, clinical therapists, special education advocates, attorneys, and any other professionals working with or around disabled children attending public school.

### **Value to the Audience**

Parent training and advocacy centers provide parents of children with disabilities with information, strategies, and resources to promote their meaningful involvement in the development of their child's educational program. Parents who participate in the activities and trainings offered through an advocacy training center are better equipped to communicate more effectively and work collaboratively with the local educational agencies. In addition, parent training enhances the parent-professional partnership and decreases the likelihood of costly litigation for the local educational agencies. Finally, these parents go on to support and assist other parents in their local community, creating a multiplier effect that enhances and encourages self-determination, competency, and advocacy skills that benefits all children with disabilities in the local community (Wolf, & Stephens, 1990; Hayes, 2016). Thus, the value in creating a solution to the lack of parent training and advocacy centers in rural areas is bridging the gap between research and practice regarding parent involvement in special education, enhancing the parent-professional relationship, and bettering the outcome for children with disabilities.

### **Meta-Analysis Methodology**

Meta-analysis is an applied research method which combines findings and data from several studies to draw a single, general conclusion, supported by evidence and qualitative data. The applied researcher reviews and summarizes literature on a specific topic, and then offers



suggestions for potential future studies. As an accepted methodological approach, meta-analysis is appropriate in both quantitative and qualitative research because it allows the researcher to effectively gather relevant and credible data from an existing body of literature. (Swanson, & Holten, 2005).

Essentially, meta-analysis allows the researcher to increase the statistical power of a conclusion because it pools data from many peer-reviewed studies in the body of literature. In addition, in many cases it also answers questions not previously posed in the component studies. Meta-analysis is used throughout many industries. For example, “Pharmaceutical companies use meta-analysis to gain approval for new drugs” (“Why perform a met-analysis,” n.d., para 3). In addition, applied researchers and clinicians in the fields of medicine, criminal justice, psychology, education, and many others use meta-analysis to determine which solutions work best. “Meta-analysis is also widely used to evaluate the evidence in areas as diverse as sociology, social psychology, sex differences, finance and economics, political science, marketing, ecology and genetics, among others” (“Why perform a meta-analysis,” n.d., para 3).

Thus, meta-analysis is a useful and viable research method widely accepted and used by many different applied researchers. It provides clear findings and useful knowledge that will help guide and support qualitative research and analysis (Lawler, & Mohrman, 2011). In addition, meta-analysis combines current studies on a specific topic using tools, such as combined tests. This allows researchers to present results with more generalizability. Further, because meta-analysis is essentially the ‘analysis of analysis,’ it can be used to test both simple and complex theories. Finally, because this type of analysis includes a literature review, it “provides a broad and updated outlook about the relations between theoretical ideas and empirical evidence” (Swanson, & Holten, 2005, p. 204).

In quantitative research, knowledge is gained by using objective observations to develop hypotheses about the relationships among the observations, and then testing those hypotheses using numerical parameters to derive a generalized conclusion that is substantiated with statistical data. In qualitative research, the researcher is more involved, and thus, more subjective. According to Dayton (2014), an applied researcher with a more subjective viewpoint can better obtain a relativistic understanding.

However, as Norman (2010) suggests, the ‘operative paradigm’ includes using *both qualitative and quantitative* approaches, and acting as a translational researcher to bridge the gap between research and practice. According to Norman, *translational research* uses findings from basic science to improve human health and well-being. Norman further explains that a *translational developer* is someone who can translate between the “abstractions of research” and the “practicalities of practice” (p. 11). In other words, they act as an intermediary; “translating research findings into the language of practical development and business while also translating the needs of business into issues that researchers can address” (Norman, 2010, p. 11).

Acting as a translational researcher during this project will bridge the gap between research and practice regarding parent involvement in special education. It will also provide fundamental understandings from which new, practical and useful theories can be developed. This research project will be qualitative and include a meta-analysis conducted by a translational researcher to help bridge the gap between research and practice regarding parent involvement in special education.

Although meta-analysis requires personal judgement and expertise when making research decisions, too much personal bias can impact or influence the research results. Thus, it is important for applied researchers to have a protocol in place to help lessen the chance of bias

during the research process. One method of decreasing or eliminating bias in this research project is to avoid selective outcome reporting, or selectively reporting research findings. Studies that only report selective information, such as selective analyses and results, are not only bias, but also incomplete. Thus, the researcher will assess the risk of bias in the research and work to eliminate it by using multiple sources for information, including sources which may not support the research, to ensure that the researcher is reporting complete, accurate, and reliable findings in this research project (Norris, Holmer, & Ogden et al., 2012).

Systematic methodology procedures use a framework that is analytic to assist in the interpretation of the results of the study and act as a guide for the combining of information from several types of data. This is done through a systematic review of literature and available data, which includes a complete description of the researcher's parameters and approach, purpose of the study, methods of data collection, and method for analysis and interpretation of the information. A researcher conducting a systematic review uses a collaborative approach with various stakeholders to develop and refine research questions, which help to define project's scope and dictate the data synthesis approach, such as the search terms used and the literature being selected and evaluated (Lichtenstein, Yetley, & Lau, 2009).

### **Brief Review of the Literature**

Gathering and assessing data is a key component in conducting research, and often this takes a great deal of time. That is one of the advantages of meta-analysis; it allows the researcher to discover relevant and credible data from a body of literature. A literature review helps a researcher to identify and understand deeper issues within the research topic. In addition, it enables the researcher to sharpen the research questions and set the scope of the project, which bridges the gap between the research questions and the findings (Adams, 2007).

There are several types of viable sources for a literature review, including scientific journals, professional journals, books, encyclopedias and dictionaries, and other types of peer reviewed publications. To find a relevant source, it is important for the researcher to determine the key words to use in the search, and make a list of questions that need to be answered. The researcher can then use search engines, such as library catalogs and online databases for literature. The researcher may also use a snowball method by tracing resources found in other literature that contained the topic. Finally, the researcher integrates the findings by reviewing and analyzing the literature through a meta-analysis (Ernst, Berends, & Bij, 2007). This research project includes a brief review of the literature, as found below.

According to Kodra, Kondili, Ferraroni, Serra, Caretto, Ricci, and Taruscio (2016), the Italian National Center for Rare Diseases conducted a pilot study of a psychoeducational parent training program involving families of children with Prader-Willi syndrome (PWS). PWS is a complex disease causing low muscle tone, reduced muscle strength, learning difficulties, and severe psychiatric problems in children, which requires appropriate psychoeducational interventions to help parents and caregivers learn how to better manage their children. The study consisted of 43 parents participating in the training program. After participation in the training, each participant completed an evaluation questionnaire consisting of 11 items rated on a 7-point Likert scale. These questionnaires were repeated 6 months after the training as well.

The results of the participant evaluations indicated that ninety percent of parents who participated appreciated the methodology, and eighty-six percent also indicated that they felt more informed about their child's disability. Between forty-seven and sixty-two percent felt more capable of dealing with their child's problem behaviors, and twenty to twenty-five percent of parents involved felt more secure about their child's health and prospects for the future. Sixty-

two percent of parents also reported feeling more capable of developing their child's autonomy and relationships, but this decreased significantly when the evaluation was repeated only six months later. Parents of a younger age, less than 44 years, had a better understanding of how to help develop their child's autonomy and collaborate with educational staff (Kodra et al., 2016).

Parent training is imperative not only for parents dealing with behavior problems, but for educating them on how to better collaborate with school staff and understand what their child needs to be successful. This study shows that parents who participate in advocacy training feel more empowered, informed, and capable of collaborating with educational staff. However, the decrease in this confidence after only six months further proves the importance of ongoing access to information and training for parents. Thus, parent training and advocacy centers are necessary for parents and families of children with disabilities living in rural areas to ensure that their child receives an appropriate education and services that meet their unique needs to allow them to access and progress in the general curriculum.

Phillips (2008) suggests that educational agencies should fund additional parent training and advocacy centers to provide support and training to parents of special needs children, including direct advocacy services, beyond the single mandated PTI center required for each state with the reauthorization of the Individuals with Disabilities Education Act (IDEA) in 2004. Although financial limitations and political obstacles have made this prospect difficult to undertake in many states, parent advocates argue that this would not only be more cost effective in the long-term, it would empower more parents to advocate for their child's educational needs, or allow them to obtain external advocacy services at public expense. Thus, parents would be able to work more collaboratively with school staff and ensure their child is provided with appropriate services. The article suggests various funding options for creating these centers, such

as obtaining grants from nongovernmental agencies and fundraising, which would eliminate the political obstacles that tend to hinder many requests for governmental funding (Phillips, 2008).

This report shows that parent training and advocacy centers bridge the gap between research and practice regarding parent involvement in special education, and level the playing field for parents. This report also shows that the costs of district noncompliance can be minimized or eliminated by the development of parent training and advocacy centers because parents will be better equipped to advocate for their child and collaborate with school staff more efficiently and effectively early on. This minimizes the chances of misidentification and inadequate services being provided to students with disabilities, which is the very purpose of the IDEA. In addition, given that the report is suggesting that additional parent training and advocacy centers are needed that offer external advocacy services and training to parents of special needs children, this supports the investigation of the problem that there is clearly a lack of parent training and advocacy centers nationwide.

According to a study conducted by Lyons, Webster, Friedman, Schiavoni, Lit, and Cash (2015), advocacy training increases motivation, competence, and helps to overcome barriers to advocacy involvement for professionals. The study was conducted with 79 participants in the sample. A hierarchical multiple regression analysis was conducted in two stages. The analysis concluded that there is a positive correlation between advocacy involvement and hours of training across genders. The study also stressed the need for ongoing training in maintaining advocacy involvement. These results supported several previous and similar studies regarding advocacy training and involvement (Lyons et al., 2015).

In special education, parents are expected to be actively involved in the educational process; from the initial evaluation of their child, to the implementation of the child's IEP. This

includes collaborating with school staff, such as therapists, psychologists, teachers, aides and other educational professionals, and advocating for what they believe to be in the best interest of their child. Similarly, educational professionals are responsible for ensuring that they are meeting the requirements under the IDEA and other laws, and providing disabled students with a free appropriate public education by acting as advocates for the child's interests and needs.

This study shows a direct correlation between training and parental involvement. Parent involvement is increased through advocacy training because parents and educational professionals who participate in advocacy training are much more involved in the advocacy of the child, decreasing the likelihood of noncompliance of the state and federal mandates. This supports the investigation of the problem of the lack of parent training and advocacy centers in rural areas because parents who do not have easy access to training centers are less likely to receive adequate and ongoing training, and would then be less involved in their child's education. This increases the gap between research and practice regarding parent involvement in special education. This study also proves the need for ongoing parent training in advocacy to ensure adequate and effective involvement from parents. Thus, a lack of parent training and advocacy centers in rural areas causes decreased parental involvement in education, and increases the gap between research and practice.

According to Suppo, and Floyd (2012), there is a large discrepancy between what children with Autism need and the availability of those services due to their rural location; distant from any agencies offering services to these children and their families. The study suggests that to address this discrepancy, alternative training options need to be developed for parents. Some of the options included parent workshops, home-based training, mentoring, and other facility-based training. The study considered home-based trainings, facility-based trainings,

and a combination of both. The results showed that home-based training was the most effective method, given that the location of services was the participants home. The study also supported the use of online training and technology in enhancing parental involvement. The study irrefutably concluded that, “all parents with children with a diagnosis of Autism need access to parent training to be able to provide better outcomes for their children and their families” (Suppo, & Floyd, 2012, p. 25).

This study supports this research project by showing that there is a significant problem faced by families of children with disabilities living in rural areas with respect to accessing needed services for their child. Although the study focused on clinical and therapy services, agencies offering those types of services typically offer other services to children with disabilities, such as disability information, community resources, advocacy training, parent workshops, and other similar services. Thus, parents in rural areas would be similarly limited to accessing advocacy training and services as well, due to the lack of availability of parent training and advocacy centers that would typically provide parents of children with disabilities with the information and resources they need to ensure their child was getting adequate services. The inability for parents to obtain training, information, support, services, and resources, are all factors which hinder their opportunity to be actively involved in the development of their child’s educational program, and to be effective advocates on their child’s behalf. This not only hinders their child’s educational opportunities, but frequently results in costly litigation for the local educational agencies.

According to Finkel (2011), the No Child Left Behind Act (NCLB Act) requires school districts to use federal funding and grants from Title I to create programs that provide training and information to parents and district staff to increase parent involvement in education. Under



this Act, school districts are required to use 1 percent of their Title I fund for these programs.

The Obama Administration proposed a reauthorization of the NCLB Act, called the “Blueprint for Reform,” which proposed to double the amount of funding for such programs from 1 to 2 percent. The law also requires the development of Parent Information and Resource Centers (PIRCs) in rural and suburban areas to provide comprehensive training, support, and information to parents and increase their involvement in education. Child advocates urge parent involvement to be strengthened in the Blueprint for Reform to ensure not only that their voices continue to be heard, but to enhance their opportunity to obtain the information and training necessary to be successful advocates for their children by increasing the funding for the development of training centers and programs (Finkel, 2011).

The article supports the investigation of the problem because it shows that parents should be actively involved and given substantive roles as decision-making authorities with respect to their children’s education, including how funds should be used. The article also supports the research project’s argument that parent advocacy training increases parent involvement in education, and bridges the gap between research and practice in special education. Finally, the article supports the investigation of the problem by showing that the development of additional parent training and advocacy centers is needed in rural areas to increase parent involvement and bridge the gap between research and practice.

### **Findings and Conclusions**

In applied research, the findings are the facts established by the research upon review of the literature. The findings provide a summary and analysis of the research and do not add any additional information. The conclusions are more objective; adding additional information based on the researcher’s interpretations of the findings. The conclusions establish the cause and effect

relationship between the findings. However, conclusions should not be automatically drawn, and should be carefully considered by the researcher to ensure they are well supported by the research and body of literature. Research conclusions help the researcher identify plausible solutions to the problem, and move forward to develop a plan and implement the solutions. Therefore, they must be logical and evidence based (“Assessing the conclusions of the study,” 2000). The findings and conclusions for this research project are provided below.

Some of the themes in the literature review included that parents who participate in advocacy training feel more empowered, informed, and capable of collaborating with educational staff regarding their child’s special education program. This increases parent involvement and creates better outcomes for students with disabilities. However, the research shows that families and parents of children with disabilities living in rural areas have increased difficulty accessing the supports and services necessary to advocate for their disabled child by obtaining the information and advocacy training from a parent training and advocacy center due to their geographical location. Phillips (2008) explains that this is due to a lack of parent training and advocacy centers in rural areas. This has caused a gap between research and practice with respect to parent involvement in special education, leading to an increased need for the development of additional parent training and advocacy centers under the proposed reauthorization of the NCLB Act, the Blueprint for Reform (Suppo, & Floyd, 2012; Finkel, 2011; Lyons et al., 2015; Kodra et al., 2016; Phillips, 2008).

According to Vandebosch (2003), a logic diagram helps a research project to stay organized and maintain transparency. A logic diagram also shows the logic in the research argument, and provides readers with the “what’s” and “whys” of the research, data, and solutions. This not only helps the researcher understand their own research, but also provides a

mechanism for readers to understand it as well (Vanderbosch, 2003). After review and investigation of the literature, four significant themes emerged for this applied research project that advance the investigation of the problem of a lack of parent training and advocacy centers in rural areas. These findings have been generalized in Diagram 1: Logic Diagram, “Findings.”

According to Diagram 1, the first finding was that there is clearly a lack of parent training and advocacy centers in rural areas across the United States. The second finding was that parents of disabled children who live in rural areas have limited access to services and supports for their child. The third finding was that parent advocacy training empowers parents and increases their involvement in special education. The fourth and final finding was that there is a gap between research and practice regarding parent involvement in special education. The findings will be used to develop the conclusions for the research project, and will be expressed using a logic diagram.

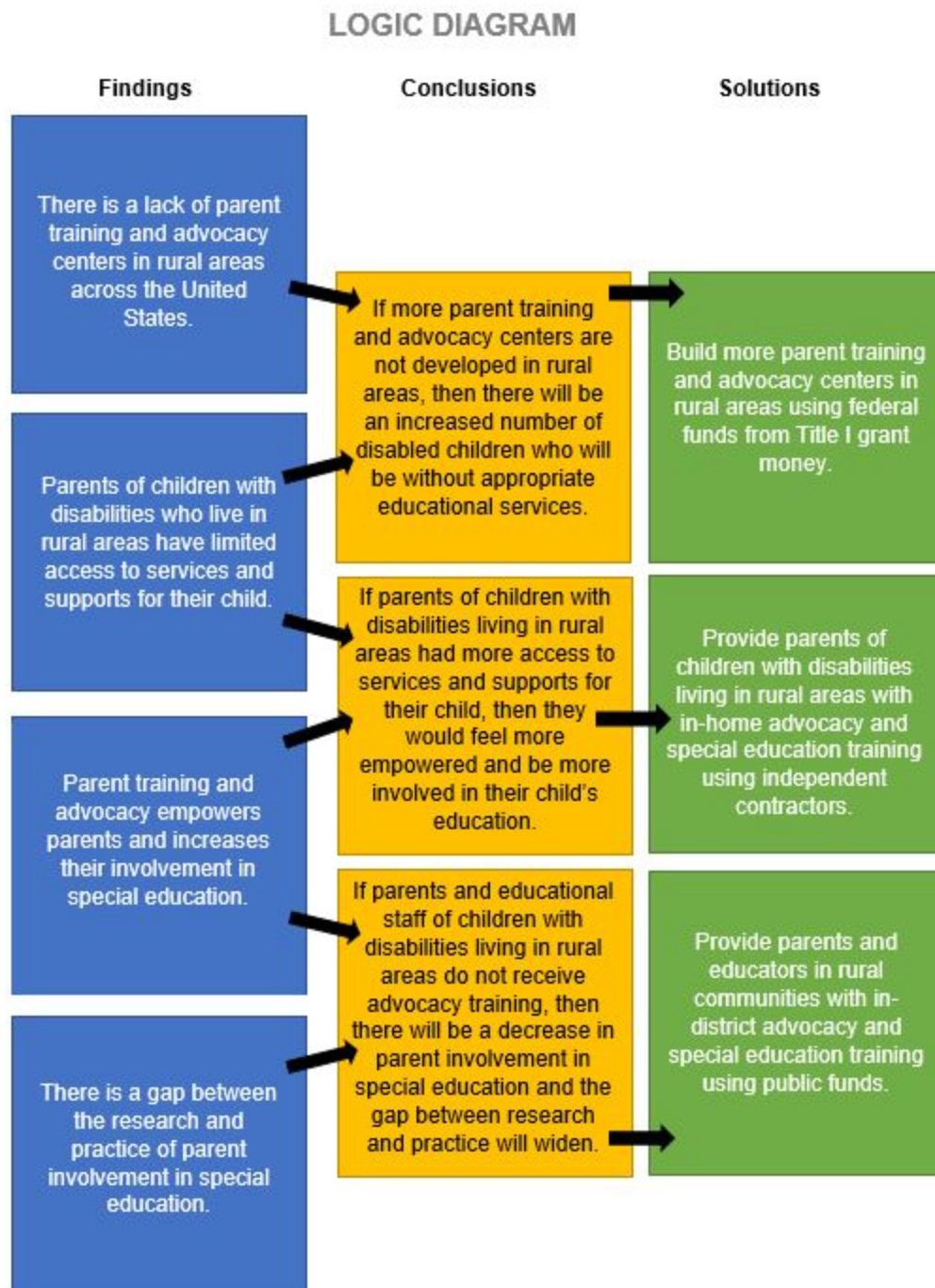


Diagram 1: Logic Diagram. This diagram provides a visual explanation of the logic argument for this applied research project. The first column (blue) describes the findings of the literature review. The second column (yellow) is the conclusions derived from the researcher. The third column (blue + yellow = green) is the alternative solutions to the problem. The black arrows show that there is a relationship between the findings and corresponding conclusion, and the conclusion and corresponding solution.

After establishing the relationships between the findings, the researcher then developed three generalized conclusions that will lead to plausible solutions to address the problem of a lack of parent training and advocacy centers in rural America. The first conclusion is that if additional parent training and advocacy centers are not developed in rural areas, then there will be an increased number of disabled children who will be without appropriate educational services and support. The second conclusion is that if parents of children with disabilities living in rural areas had more access to services and supports for their child, then they would feel more empowered and be more involved in their child's education. The third conclusion is that if parents and educators of special needs children living in rural areas do not receive adequate and ongoing training, then there will be a decrease in parent involvement in special education, and the gap between research and practice in special education will widen. These conclusions have been generalized in column two of Diagram 1: Logic Diagram, "Conclusions." Both conclusions discussed above helped the researcher identify three alternative solutions that could address the problem of the lack of parent training and advocacy centers in rural America.

### **Implement Alternative Solutions**

To test the plausibility of solutions, the researcher must fully understand each solution, including what needs to be done to make it work, and what to expect. Once the researcher has determined if the alternative solutions are in fact plausible, the next step in the process is to determine the intended and unintended consequences. This means understanding the consequences, and the consequences of the consequences, including how they may come back and affect the solution. The last step in developing plausible alternatives is for the researcher to identify and advance the best plausible solution by using the Kepner-Tregoe method. This method involves first creating a list of criteria to be scored, and then coupling that with a score

for each criterion, based on importance. The highest score will determine the best plausible solution for the researcher to advance and implement (Vandenbosch, 2003).

After establishing the conclusion, the researcher then identified three practical alternative solutions to address the problem of the lack of parent training and advocacy centers in rural America. The first solution is to build more parent training and advocacy centers in rural areas using federal funds from Title I grant money. This solution addresses not only the lack of parent training and advocacy centers, but will increase educational opportunities for special needs students in rural communities. The second solution is to provide parents of children with disabilities living in rural areas with in-home advocacy and special education training using independent contractors. This solution increases access to services and supports for rural families and enhances parent involvement in special education. The third proposed solution is to provide parents and educators in rural communities with in-district advocacy and special education training using public funds. This solution will bridge the gap between the research and practice of parent involvement in special education. These solutions are also included in Diagram 1: Logic Diagram, “Solutions.”

One of the intended consequences of these solutions is to increase the supply to meet the demand by making it possible for all parents in rural areas to overcome barriers to accessing services and supports to effectively advocate for their special needs child. Another intended consequence is that this could potentially bridge the gap between research and practice with respect to parent involvement in special education by increasing their ability to more effectively participate and act as a decision-making authority with respect to their child’s education. Lastly, by increasing parent involvement in special education we are improving educational outcomes for children with disabilities.

One of the unintended consequences is that knowledge is power, so the more parents become aware of their rights, the more parents will exercise those rights, including the right to due process. This could increase litigation and costs for districts, and lead to a breakdown in the parent-professional relationship. However, it should be emphasized that the reason why more parents are not exercising their rights now is because they lack knowledge about those rights in the first place. In addition, the severity of the breakdown would be dependent on the circumstances of the case and the willingness of the parties to collaborate. Thus, it may not be a consequence in every situation, and in more cases than not, it could very well prevent costly litigation. The bottom line is, parents have rights, and in this case the intended consequences outweigh the unintended one.

Given the problem of the lack of parent training and advocacy centers in rural America, the most obvious solution is to build more centers in rural areas across the United States using federal funds under Title I. According to the US Department of Education's guidance on parent involvement under Title I (2004), Parent Information and Resource Centers "are school-linked or school-based centers established by nonprofit organizations and consortia of nonprofit organizations and [Local Educational Agencies] under competitive grants from [the US Department of Education]" (p. 6). These centers provide comprehensive training and support to parents and other stakeholders. However, the Department of Education gives grant priority to centers helping parent take advantage of supplemental educational opportunities and public-school choice. In addition, the maximum amount for Title I grant money that can be allocated to parent involvement activities is 1% of the entire grant amount. Thus, for a District who has been awarded \$500,000 in Title I funds, they would be permitted to allocate a maximum of \$5,000 toward the development of a parent center in the surrounding community. Districts are permitted

to pool their money with other districts to develop a parent center (“Parental Involvement: Title I, Part A,” 2004).

Although the development of more parent training centers appeared to be a plausible solution, it is not likely to be a universal solution for all rural districts throughout the United States. First, each district is only permitted to allocate 1% of their Title I grant money toward the development of a parent training center. Thus, educational agencies that receive lower funding will not likely have the money to allocate to the development of a center. Although they could also use a tax levy, it is unlikely that taxpayers would be on board with an increase in taxes to create a center than only benefits a certain percentage of the population. Common sense would dictate that a center would cost tens of thousands of dollars, if not more, and without pooling the reserved money from the grant for parent involvement activities with other school districts, one agency is not likely to have the means to develop the center on their own. Some districts may be able to tap into other public funds, such as from other non-profit organizations, or through fundraising activities. However, this is likely to be very time consuming and exhaustive, and some district might not have the time or resources to dedicate to such an endeavor. Lastly, there may also be districts who are not in receipt of any Title I grant money, making it next to impossible to fund a parent training center. Thus, while developing parent training and advocacy centers using public funds, such as Title I grant money, it is not a plausible solution that will work universally for all public educational agencies in rural areas.

The second solution to address the problem of a lack of parent training and advocacy centers in rural America is for local educational agencies to provide parents of children with disabilities living in rural areas with in-home advocacy and special education training using independent contractors. As previously stated, under Title I, district’s may allocate 1 % of their



grant money toward parent involvement activities, including in-home training provided by independent contractors. In addition, IDEA permits parent training to be included on a student's IEP as a supplemental service to assist special needs parents with understanding special education and their child's disability, and to enhance parent participation. Thus, all rural districts would have the financial means to implement in-home training to parents of children with disabilities living in rural areas.

Some considerations include that this solution would require extensive recruitment and training efforts on the part of the public agency. Educational agencies would have to use significant effort to locate, hire, train, and retain highly qualified individuals who can provide individual training to families. They could also choose to utilize local special education advocacy agencies, or freelance advocates in the area willing to contract these services; it may be more cost effective this way. In addition, the districts would need to develop a plan for implementation of this program, including scheduling with participants around their work schedules, developing goals and objectives, and finding a curriculum that could be used for the training. Although this may be time consuming, it is feasible. In addition, given that rural areas typically correlate with a smaller population, the number of staff needed for recruitment could be easily achieved. The district could arrange for in-district training of the staff, followed by in-home training for the families. In addition, parents may feel more at ease with individual training tailored to their child's needs, rather than group training that is less individualized. This is a plausible solution.

The third solution to address the problem of the lack of parent training and advocacy centers in rural areas is for local educational agencies to provide parents and educators in rural communities with in-district advocacy and special education training using public funds. Under an in-district training program, districts would be able to utilize Title I and IDEA funds for

parent training. Thus, every district would have the financial means to implement in-district training to parents of children with special needs living in rural areas. The biggest barrier to the success of this program is logistics. Many parents work jobs that leave limited available during the weekdays, making it nearly impossible to attend any training during the school day. Districts would be faced with paying for staff and building utilities during after-school hours, or contracting services with an independent company who can provide the training at that time. In addition, many parents may not have access to transportation, leaving them without a means to travel to and from the training. The district could provide transportation, but this would be another increase in the cost. In addition, single parent families would be faced with having to find child care during the training times. Although the children could attend with the parents, for families of special needs children, multiple children, or small children, this might be an arduous task that could mitigate the success of the program. Thus, while this is a plausible solution, it seems that at-home training, solution two, is the most viable. However, to make the final determination, the researcher will conduct a plausibility assessment using the Kepner-Tregoe method.

The researcher has identified two plausible solutions to the problem of a lack of parent training and advocacy centers in rural America. To address the problem universally, any plausible solution must be funded using public funds, such as state and federal grants. The wanted criteria for any solution would be for it to provide high quality training; be low cost (< \$200,000/Yr.); use minimal resources; and be easily accessible by parents. The corresponding importance factors for the “want” criteria, on a scale of 1-10, with 10 being the most important, are as follows: Cost (< \$200,000/Yr.) = 8, Quality = 9, Accessibility = 10, and Resources (< \$25,000) = 7.

In looking at the cost for each solution, if the district dedicated 5 staff members to run the in-district training program per 250 participants, with the national average part-time salaries for educational staff ranging from \$15-20K per staff member, adding in an additional \$25,000 per year for transportation and other expenses, the total would be about \$100-\$125K per 250 participants. Other expenses include materials, recruitment fees, advertising, and other miscellaneous expenses. The in-home training, given the same 250 participants, would cost more for salaries of staff given that they would be traveling to/from participant's homes. In addition, time for travel would also mean that additional staff would be needed, so the in-home training would require at least 7 staff members per 250 participants, with salaries ranging from \$20-\$25K, and other expenses of about \$15,000 per year, for a total of approximately \$155-\$190K per 250 participants. Thus, the in-district training received a cost criterion rating of 7, and the in-home training received a criterion rating of 5 for cost.

In addition, while both the in-district training and the in-home training would provide the same quality of training using the same curriculum and staff, the in-home training provides the added benefit of more individualized instruction. This makes the instruction higher in quality. Thus, the in-home training received a criteria rating of 10 for being higher quality, and the in-district training was rated at an 8.

In looking at the accessibility criterion for both solutions, the in-home training is more accessible to working parents, single parents, low-income parents, and parents without access to a vehicle because the training is provided in the participant's home. However, it still may be inaccessible to parents working second or third shift. Thus, the in-home training received an accessibility rating of 9. The in-district training has limited accessibility for working parents,

single parents, low-income families, and families without access to a vehicle. Thus, the in-district training received an accessibility rating of 4.

In looking at the resources needed for both solutions, they would require about the same amount of resources (i.e. curriculum, advertising fees, recruitment efforts, staff training, etc.). Thus, both solutions received a criteria rating of 7 for needing a moderate budget for resources, but not more than \$25K. Table 1: Criteria Rating, summarizes the criteria ratings described above.

<b>“Want” Criteria</b>	<b>Importance</b>	<b>Criterion Rating (In-District)</b>	<b>Weighted Score</b>	<b>Criterion Rating 2 (In-Home)</b>	<b>Weighted Score</b>
<b>Cost (&lt;\$200K)</b>	8	7	$7 \times 8 = 56$	5	$8 \times 5 = 40$
<b>Quality (High)</b>	9	8	$9 \times 8 = 72$	10	$9 \times 10 = 90$
<b>Accessibility (Easy)</b>	10	4	$10 \times 4 = 40$	9	$10 \times 9 = 90$
<b>Resources (&lt;\$25K)</b>	7	7	$7 \times 7 = 49$	7	$7 \times 7 = 49$
<b>Total Weighted Score</b>			217		269

Table 1: Criteria Rating. This table represents the criteria rating for each solution objective.

The results from Table 1 indicate that the in-district training solution received a total weighted score of 217, and the in-home training received a total score of 269. A higher score indicates a more plausible solution. Thus, the third solution for local educational agencies to provide parents and educators in rural communities with in-home advocacy and special education training is the best plausible solution.

To advance the implementation of this solution, the district needs to first develop a plan. This includes creating a budget, outlining the goals and objectives, obtaining materials and training curriculum, assessing risk, implementing safeguards, considering ethical implications, and recruiting staff. Once a plan is in place, the educational agencies can move forward with the next phase and enlists participants in the program. Any in-home training program curriculum should be trialed and reviewed periodically to assess its effectiveness until the district finds a

program that addresses the needs of the population it serves. The district should ensure accountability is also part of the plan, and safeguards are in place to protect the privacy of the participants and their child. In addition, the district should avoid conducting any training activities that could harm participants and obtain informed consent from all participants.

### **Ethical Implications**

According to the APA, there are five principles for research ethics. The first is to establish publication credit, or who gets credit for what, to avoid disagreements later. The second principle is to avoid multiple relationships, such as using clients as participants or conducting researching on products for companies the researcher is personally invested in. The next is to obtain informed consent from all participants, which means that the participants is fully aware and understand all the activities and information for which consent is being sought. The fourth principle is to respect the confidentiality and privacy of research participants. Finally, the last principle is to tap into ethics resources to better understand ethical obligations, such as reviewing the APA's Ethics Code (Smith, 2003).

According to Holten and Swanson (2005), effective research comes from being an effective and ethical researcher. Thus, to be more effective during this research project, the researcher was skeptical about the findings of others, and did not accept their results at face value. The researcher asked questions about the literature, and made sure that the findings were reasonable and valid. In addition, the researcher refrained from using figurative language when writing the report and discussing the findings. Although figurative language works well with fictional writing, academic research writing must be more literal. To ensure ethics throughout the research, the researcher respected the work of others by using proper citations, and giving credit where credit was due. Throughout this project, the researcher also abided by the ethical

principles, established by the University for academic writing, and the APA. Bryman and Bell (2003) also suggest avoiding activities where participants could be harmed, obtaining informed consent, respecting the privacy of others, and avoiding deception. Thus, throughout the research project, the researcher maintained confidentiality and the privacy of participants, and avoided activities where participants could be harmed.

One crucial element to implementing a successful in-home parent advocacy training program is to ensure that the trainers are well-informed regarding special education mandates and the District's obligations. Thus, it is the researcher's recommendation that any trainers should be independent of the district, meaning that they should be a contracted agent or vendor of services, rather than a district employee. This will help eliminate bias, put the parents on a level playing field, and allow the trainer to be a more effective advocate for the parents and child, rather than for the district. To provide an appropriate analogy to having district employees provide advocacy training to parents, this would be like sending a fox to guard the henhouse. Thus, it should be avoided to maintain integrity and ensure an effective and successful program.

The district must also establish safeguards that include protecting participants and vendors or agents from retaliation. Vendors and parents should be able to freely exercise their rights under due process, and hold the district accountable for failing to follow federal mandates, by filing a state or due process complaint against the public agency. Retaliation for protected activities is not only a violation under civil rights laws, but it could also permanently destroy the parent-professional relationship that the program is seeking to build.

Future research endeavors might include an action research project on the effectiveness of the in-home training programs. This type of research project will further help to bridge the gap between practice and research by including participant interviews and experience, and drawing

more accurate conclusions regarding this type of program in actual practice. By understanding the effectiveness of the program, and its shortcomings, district will be able to create better in-home training programs that will further enhance the parent-professional partnership and improve outcomes for children with disabilities.

### **Summary**

Parents and guardians of special needs children and educational professionals require specific knowledge and information to be successful advocates for a disabled child's educational needs. This includes not only understanding the special education process, but knowing the state and federal mandates regarding special education. This information is typically provided through a parent training and advocacy center, such as a PTIC or CPRC. The lack of these types of training and advocacy centers in rural areas nationwide has led to many children being denied a free appropriate public education, which has not only hindered their educational opportunities, but has led to costly litigation and other implications for the corresponding local educational agencies. The purpose of this applied research project was to investigate the problem of the lack of parent training and advocacy centers in rural areas, which is a problem currently affecting parents of children with disabilities and educational agencies across the United States.

The intended audience for this research project included several stakeholders, such as educational staff and parents of special needs children. The value to these key stakeholders included bridging the gap between research and practice regarding parent involvement in special education, enhancing the parent-professional relationship, and improving outcomes for children with disabilities. This applied research project was based on the meta-analysis methodology, and included a brief review of the literature, followed by a description of the findings and conclusions in a logic diagram, and ending with identifying plausible solutions. Once the

solutions were identified, one was chosen using the Kepner-Tregoe method. During the research, ethical implications were considered, and ethical principles were established, to ensure the integrity of the project. All work was properly cited under the guidelines of the APA and the University.

After thorough analysis, the researcher found that the best plausible solution to address the problem of the lack of parent training and advocacy centers in rural areas, as supported by the quantitative and qualitative data, was for local educational agencies to provide parents and educators in rural communities with in-home advocacy and special education training. This was determined to be the best solution because of its high quality and easy accessibility to participants. To advance the implementation of this solution, the researcher suggested that the educational agencies develop a plan, including outlining steps to locate and recruit qualified staff, obtaining training materials, and considering ethical implications, among other things. In addition, the researcher recommended periodic review of the in-home training program to monitor its effectiveness.

To bridge the gap between research and practice regarding parent involvement in special education, parents of special needs children living in rural areas and educational professionals need access to parent training and advocacy services to ensure all children with disabilities receive a free appropriate public education (“Child find,” 2007). Currently, these services are only available in metropolitan areas, leaving many parents and educators in rural areas lacking critical resources and support that has left many children without adequate services. Parents who receive advocacy training are more empowered and involved in their child’s education. As Rod Paige, the former Secretary of Education once said, “I can assure you there is no more powerful advocate for children than a parent armed with information and options” (Office of the Deputy



Secretary (ED), 2004, p. 59). This statement applies not just to the parents of special needs children, but to educational professionals as well. Thus, to bridge this gap, and solve the problem of the lack of parent training and advocacy centers in rural areas, local educational agencies must develop in-home training programs for parents and families of children with disabilities living in these rural areas using state and federal funds. This will not only enhance the parent-professional partnership by empowering parents and educators to speak up on behalf of disabled children, but it will improve the quality of education for all special needs children across America.

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